

CDBG FY'10
ASHBY HOUSING REHABILITATION AND
SEPTIC SYSTEM REPAIR PROGRAM
HOMEOWNER'S APPLICATION

NAME: _____

PROPERTY ADDRESS: _____

MAILING ADDRESS: _____

CITY, STATE, ZIP: _____

TELEPHONE: Home _____ Work _____

A: APPLICANT DATA:

1. Is this property your principal residence? Yes____ No____
2. How many persons reside here? _____
3. For all household members, including yourself, please list the following information:

<u>Name</u>	<u>Age</u>	<u>Sex</u>	<u>Social Security #</u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

B: Property Data:

1. Is this property a single or multi-family dwelling? _____
2. If a multi-family (a) Number of units _____
(b) How many are occupied? _____
3. Assessed Value: _____
4. Age of structure: _____
5. Have you ever received Community Development Block Grant (CDBG) assistance on this property in the past? _____
6. Are you currently receiving Fuel Assistance? _____ Yes _____ No

C: Briefly describe improvements needed: _____

D. Are any of the above items an emergency status: (failed septic, failed heating system , etc.)

E. Sources of Income:

For each household member, please list the gross amount (before taxes) each expects to receive from all sources during the next twelve months.

Including wages, rental income, social security, interest and dividends, annuities, pensions, AFDC, child support, alimony, etc. If self-employed, please submit copies of the past two year's 1040's.

<u>Name</u>	<u>Source</u>	<u>Gross Amount</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

F: Personal Debt Information: (Car loans, charge cards, medical **(Please don't list Mortgage Information. List on Section G)**)

<u>Type/Creditor</u>	<u>Original Amount</u>	<u>Current Balance</u>	<u>Monthly Amount</u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

G: Property Expense Information:

Monthly Payments:

Mortgage (s) _____

 Original Amount _____

 Current Balance _____

If property tax is included in mortgage (please check box)

If Property Tax is not included in mortgage
 please provide (Annual Cost) _____

Fuel Oil (estimated monthly cost) _____

Gas (estimated monthly cost) _____

Electric (estimated monthly cost) _____
Property Insurance _____
Water/Sewer _____
Other Utilities _____

H: Check if applicable:
_____ Number of Household Members Handicapped/Disabled
_____ Elderly
_____ Female Headed Household
_____ Number of Household Members Mobility Impaired
_____ Number of Household Members Sensory Impaired

I/we hereby certify that all of the above statements are true, accurate and complete to the best of my/our knowledge and belief. I hereby consent to the verification of any information given in this application. I understand that the information given is confidential and will be used only to determine eligibility for this program.

I/we hereby authorize the participating lending institution to release verification of the above information for the purpose of determining program eligibility.

All parties to the property deed must sign below. If you have any questions, please call (978) 345-7376, Extension 305

Signature

Date

Signature

Date

Please return application to: Montachusett Regional Planning Commission
ATTN: Kevin Flynn, Community Development Director
1427R Water Street
Fitchburg, MA 01420

**SEE ATTACHMENT 1
ETHNICITY DATA**

**ATTACHMENT 1
ETHNICITY DATA**

The following information is requested by the Federal Government in order to monitor our compliance with various civil rights laws. You are not required to furnish this information, but are encouraged to do so. The law requires that we may not discriminate based upon this information, nor whether you choose to furnish it. However, if you choose not to furnish it, under Federal regulations we are required to note the race and sex on the basis of visual observation or surname. If you do not wish to furnish the above information, please check the box below.

I do not wish to furnish this information

REQUESTED CIVIL RIGHTS COMPLIANCE INFORMATION:

Ethnicity: **Hispanic or Latino**
 Not Hispanic or Latino

Race/National Origin

American Indian or Alaskan Native
 Asian
 Black or African American
 Native Hawaiian or Other Pacific Islander
 White

Sex

Female
 Male

ATTACHMENT 2
CONFLICT OF INTEREST

These questions need to be answered in order for you to be eligible to apply for this program. Failure to answer these questions will prevent your application from being processed.

1. Are you a municipal employee or locally appointed official? _____ Yes _____ No
Do you work as a consultant or agent to the community? ___ Yes _____ No
Do you work for another agency that administers CDBG for the community? _____ Yes _____ No
If so, your position title: _____
What department do you work for? _____
2. How did you hear about the rehabilitation program? _____

I/we hereby certify that all of the above statements are true, accurate and complete to the best of my/our knowledge and belief. I hereby consent to the verification of any information given in this application. I understand that the information given is confidential and will be used only to determine eligibility for this program.

Signature

Date

Signature

Date